

OSCAR REPORT 3
HISTORY FACILITY PROFILE

PAGE: 1

AVALON VALLEY REHABILITATION CENTER PROVIDER #: 465146 FACILITY BEDS TYPE ACTION: RECERTIFICATION
2472 SOUTH 300 EAST PHONE NUMBER: (801) 466-2211 TOTAL: 94
SALT LAKE CITY UT 84115 PARTICIPATION DATE: 05/06/1997 CERTIFIED: 94 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/26/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 94	
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TOTAL:	82	ADMISSION SUSPENDED:	18	18/19	19
MEDICARE:	25	SUSPENSION RESCINDED:	--	----	--
MEDICAID:	38			94	ICF/MR
OTHER:	19				-----

CURRENT SURVEY REVISIT DATES - 10/04/2004

PRIOR 3 SURVEY 08/2001	S/S CODE	PRIOR 2 SURVEY 11/2002	S/S CODE	PRIOR 1 SURVEY 10/2003	S/S CODE	CURRENT SURVEY 08/26/2004	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E			X	E	X C	E	09/13/2004	REQ F0241-DIGNITY REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES REQ F0272-COMPREHENSIVE ASSESSMENTS REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	B			X C	D	10/01/2004	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	B			X C	F	09/13/2004	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0386-PHYSICIAN RESPONSIBILITIES DURING VISITS REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	E			X	E				

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 08/2001	PRIOR 2 SURVEY 11/2002	PRIOR 1 SURVEY 10/2003	CURRENT SURVEY 08/25/2004	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			X C	10/24/2004	K0018-CORRIDOR DOORS K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS K0025-SMOKE PARTITION CONSTRUCTION K0029-HAZARDOUS AREAS - SEPARATION K0032-REMOTE EXITS K0033-EXIT PARTITIONS K0038-EXIT ACCESS K0046-EMERGENCY LIGHTING K0047-EXIT SIGNS K0050-FIRE DRILLS K0051-FIRE ALARM SYSTEM K0056-AUTOMATIC SPRINKLER SYSTEM K0062-SPRINKLER SYSTEM MAINTENANCE K0069-COOKING EQUIPMENT K0072-FURNISHING AND DECORATIONS K0075-WASTEBASKETS K0104-PENETRATIONS OF SMOKE BARRIERS K0130-OTHER K0147-EMERGENCY PLAN
X	X				
		X			
		X	X F		
		X			
		X			
		X			
X			X P	10/24/2004	
X			X P	10/24/2004	
			X C	10/24/2004	
			X P	10/24/2004	
	X				
X		X			
X	X				
X	X	X			
			X C	10/24/2004	

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	3	2	3	2
HEALTH TOTAL	3	2	3	2
LIFE SAFETY CODE	7	8	5	6
LIFE SAFETY CODE + HEALTH	10	10	8	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
03/14/2005	UNSUBSTANTIATED
03/15/2005	UNSUBSTANTIATED
05/12/2005	UNSUBSTANTIATED
06/23/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT